

L17000187908

From A.A. ALI CPA 21407.298.0660 Fri Sep 15 11:58:10 2017 MET Page 1 of 3
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
ABSOLUTE HOME FINISHING, LLC

Certificate of Status	1
Certified Copy	0
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(((H17000237233 3)))

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABSOLUTE HOME FINISHING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

**518 MANSFIELD DRIVE.
ALTAMONTE SPRINGS, FL 32714**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**DEXTER FAIRCLOUGH
518 MANSFIELD DRIVE
ALTAMONTE SPRINGS, FL 32714**

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


DEXTER FAIRCLOUGH/ Registered Agent's Signature

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ARTICLE IV- Authorized Member(s) or Manager(s):

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

AMBR = Authorized Member

MGR = Manager

DEXTER FAIRCLOUGH - Authorized Member
518 MANSFIELD DRIVE
ALTAMONTE SPRINGS, FL 32714

ARTICLE V: Effective date, if other than the date of filing: August 23, 2017
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Dexter Fairclough', is written over a horizontal line.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DEXTER FAIRCLOUGH

Typed or printed name of signee

(((H17000237233 3)))